

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/53-3546

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		10				
6		1				
7		1				
8		1				
9		6				
10	1					
11			1			
12				1		
13				1		
14				1		
15				1		
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50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	10	←	16	←		←
TOTAL CLAIMS	12		18			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						